

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

107009306

FILING DATE

16 APR 2002

APPLICANT(S)

Howeering

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51	/					
2			/				52	/					
3			/				53	/					
4			/				54	/					
5			/				55	/					
6			/				56	/					
7			/				57	/					
8			/				58						
9			/				59						
10			/				60						
11			/				61						
12			/				62						
13			/				63						
14			/				64						
15			/				65						
16			/				66						
17			/				67						
18			/				68						
19			/				69						
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21			/				71						
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29			/				79						
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31			/				81						
32			/				82						
33			/				83						
34			/	/			84						
35			/	/			85						
36			/	/			86						
37			/	/			87						
38			/	/			88						
39			/	/			89						
40			/	/			90						
41			/	/			91						
42			/	/			92						
43			/	/			93						
44			/	/			94						
45			/	/			95						
46			/	/			96						
47			/				97						
48			/				98						
49			/				99						
50			/				100						
TOTAL IND.			5				TOTAL IND.	2					
TOTAL DEP.			14				TOTAL DEP.	5					
TOTAL CLAIMS			19				TOTAL CLAIMS	7					